



City of Wenatchee

Citizen Complaint Form Programs, Services, Facilities and Activities

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 3.

Complainant: _____

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____

Business: _____

Person Discriminated Against: _____
(if other than the complainant)

Address: _____

City, State and Zip Code: _____

Telephone: Home: _____

Business: _____

Individual or department which you believe has discriminated:

Name: _____

Address: _____

County: _____

City, State and Zip Code: _____

Telephone Number: _____

When did the discrimination occur? Date: _____

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use space on page 3 if necessary): _____

Have efforts been made to resolve this complaint through the internal grievance procedure of the City?

Yes _____ No _____

If yes, what is the status of the grievance? _____

Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State or local civil rights agency or court?

Yes _____ No _____

If yes, agency or court: _____

Contact Person: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Date Filed: _____

Do you intend to file with another agency or court?

Yes _____ No _____

If yes, agency or court: _____

Contact Person: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Additional space for answers:

Signature: _____

(Print Name)

Date: _____

Return to:

City of Wenatchee
Human Resources Manager
129 South Chelan/P.O. Box 519
Wenatchee, WA 98807-0519